

# **IDOE School Improvement and Professional Development**

## **Corporation Level Assurance Form Superintendent / Exclusive Representative Signatures**

<b>Corporation Number</b>	
<b>Corporation Name</b>	

As **superintendent**, I verify that the individual professional development plans for all schools within the corporation align with the overall corporation's objectives, goals and expectations . (IC 20-20-31-6)

<b>Superintendent Name (Print)</b>	
<b>Superintendent Signature</b>	
<b>Date Signed</b>	

- If your school corporation has a single exclusive representative who has the authority to sign off for all schools, complete the following information.
- If your exclusive representative would prefer to sign for each individual school or if you have an exclusive representative responsible for each school, use the **"School Level Assurance Form"** and leave the following section blank.

The **exclusive representative** is required to demonstrate support "only for the professional development program component of the plan." By signing this form, I demonstrate my support for the professional development programs for **all schools within the corporation** listed above as they have been reviewed, revised, and submitted as part of the Strategic and Continuous School Improvement and Achievement Plan.  
(511 IAC 6.2-3-3(10))

<b>Exclusive Representative Name (Print)</b>	
<b>Exclusive Representative Signature</b>	
<b>Date Signed</b>	

This assurance form must be **mailed** to the Division of Accreditation, Assistance, and Awards by **June 30, 2008**. The **DOE-RR and the 2008-09 Professional Development Plan – Grant Application** must be completed online.

Submit by mail to: Assurance Forms  
Office of Accreditation and Awards  
Indiana Department of Education  
101 West Ohio Street, Suite 300  
Indianapolis, IN 46204

Please contact the **Office of Accreditation and Awards** at 800-894-4044 or 317-232-9060 if you have any questions.